

**MILITARY POLICE REPORT**

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).  
**PRINCIPAL PURPOSE:** To provide commanders and law enforcement officials with means by which information may be accurately identified.  
**ROUTINE USES:** Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.  
**DISCLOSURE:** Disclosure of your social security number is voluntary.

MILITARY POLICE REPORT NUMBER	DATE (YYYYMMDD)	ORI NUMBER	USACRC CONTROL NUMBER
THRU	TO	FROM	

**SECTION I - ADMINISTRATION**

<b>1. REPORT TYPE</b> <input type="checkbox"/> Information <input type="checkbox"/> Traffic <input type="checkbox"/> Military Offense <input type="checkbox"/> Criminal <input type="checkbox"/> Complaint	<b>3. EVALUATION</b> <input type="checkbox"/> Founded <input type="checkbox"/> Unfounded <b>4a. COMPLAINT DATE (YYYYMMDD)</b>	<b>4c. COMPLAINT RECEIVED BY</b> <input type="checkbox"/> In Person <input type="checkbox"/> 911 <input type="checkbox"/> CB <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> Radio <input type="checkbox"/> Crime Stoppers <input type="checkbox"/> Alarm <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> Referral	<b>5a. CLEARANCE REASON</b> <input type="checkbox"/> A Death of Offender <input type="checkbox"/> B Prosecution Declined <input type="checkbox"/> C Extradition Declined <input type="checkbox"/> D Victim Refused to Cooperate <input type="checkbox"/> E Juvenile, No Custody <input type="checkbox"/> U Unfounded <input type="checkbox"/> X Apprehension <b>6a. MP ACTION</b> <input type="checkbox"/> MPI <input type="checkbox"/> Civil Authorities <input type="checkbox"/> CID <input type="checkbox"/> Traffic <input type="checkbox"/> MP <input type="checkbox"/> OTHER (Specify)	<b>5b. EXCEPTIONAL CLEARANCE DATE (YYYYMMDD)</b> <b>7. INVOLVEMENT</b> <input type="checkbox"/> Hate <input type="checkbox"/> Domestic <input type="checkbox"/> Death <input type="checkbox"/> Gang <input type="checkbox"/> Trainee <input type="checkbox"/> Extremist <b>6b. DATE REFERRED (YYYYMMDD)</b>
<b>2. STATUS</b> <input type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input type="checkbox"/> Cdr's Action	<b>4b. COMPLAINT TIME (24 HR)</b>			

**SECTION II - OFFENSE (For additional offenses, complete DA Form 3975-1)**

<b>1a. OFFENSE NO.</b>	<b>1b. SUBJECT NO. INVOLVEMENT</b>	<b>1c. VICTIM NO. INVOLVEMENT</b>	<b>1d. NIBRS LOCATION CODE</b>	<b>1e.</b> <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED	<b>1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES</b> <input type="checkbox"/> YES <input type="checkbox"/> NO See DA Form 3975-1
<b>1g. OFFENSE CODE(s)</b>	<b>1h. OFFENSE DESCRIPTION(s)</b>			<b>1i. OFFENSE LOCATION ADDRESS</b>	
<b>2a. BEGIN DATE (YYYYMMDD)</b>	<b>3. TYPE OF CRIMINAL ACTIVITY (Check up to three)</b> <input type="checkbox"/> B Buying/Receiving <input type="checkbox"/> C Cultivating/Manufacturing/Publishing <input type="checkbox"/> D Distributing/Selling <input type="checkbox"/> E Exploiting Children <input type="checkbox"/> O Operating/Promoting/Assisting <input type="checkbox"/> P Possessing/Concealing <input type="checkbox"/> T Transporting/Importing <input type="checkbox"/> U Using/Consuming			<b>4. OFFENSE STATUTORY BASIS</b> <input type="checkbox"/> A UCMJ <input type="checkbox"/> B Non-Criminal Fatality <input type="checkbox"/> C State <input type="checkbox"/> D Local <input type="checkbox"/> E Foreign <input type="checkbox"/> F Federal, Non-UCMJ	<b>5. OFFENDER USED (Check up to three)</b> <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input type="checkbox"/> N Not Applicable
<b>2b. BEGIN TIME (24 Hour)</b>					
<b>2c. END DATE (YYYYMMDD)</b>					
<b>2d. END TIME (24 Hour)</b>					

**NATIONAL INCIDENT BASED REPORTING SYSTEM (NIBRS) LOCATION CODES (Section II, Block 1d)**

01 Air/Bus/Train Terminal	10 Field/Woods/Training Area	19 Rental/Storage Facility
02 Bank/Credit Union	11 Government/Public Building	20 Residence/Quarters/Barracks/BEQ/BOQ
03 Bar/Officer/NCOC Club	12 Grocery Store/Commissary	21 Restaurant/Dining Facility
04 Church/Synagogue Temple	13 Highway/Road/Alley/Street	22 School/College
05 Commercial Office Building	14 Hotel/Motel/VAQ/VEQ/TLQ	23 Service/Gas Station
06 Construction Site	15 Jail/Prison/Corrections Facility	24 Specialty Store/Concessionaire
07 Convenience Store/Shoppette	16 Lake/Waterway/Ocean	25 Child Care Facility/Home Day Care
08 Dept/Discount Store/Exchange	17 Liquor Store/Class VI	26 Recreation Area/Park
09 Drug Store/Hospital/Clinic	18 Motor Pool/Parking Lot/Garage	27 Training Center/Service School
		28 On Board Ship

